

# Eyeglass Breakage and Loss Form

A. TO BE COMPLETED BY THE PATIENT

Please check one of the following reasons why you are requesting replacement of your eyeglasses.

- ☐ Eyeglasses have been lost or stolen (children only).
- ☐ Frame is broken.
- ☐ One lens is unusable due to scratches or breakage.
- ☐ Both lenses are unusable due to scratches or breakage.
- ☐ Other. Please explain\_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

DatePatient Signature (parent for a minor)

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B. TO BE COMPLETED BY PROVIDER

- ☐ Patient brought in broken: frame / lens / lenses.
- (Circle Applicable)

\_\_\_\_\_

DateProvider Signature